



Department of Community Development, P. O. Box 427, Herndon, Virginia 20172-0427

**APPLICATION FOR A
ZONING ORDINANCE TEXT AMENDMENT**

Submittal of this form with **original signatures is required**. **PLEASE PRINT OR TYPE** (Unless otherwise indicated.)

One sentence description of
proposal:

Name and role of principal contact
(applicant) for this application:

Mailing address:

E-mail address

Telephone #

FAX #

The undersigned hereby applies for an Amendment to the Town of Herndon Zoning Ordinance, Chapter 78 under the provisions of § 78-202.2 of the Herndon Town Code.

I hereby affirm and certify that:

- *The information provided on this form is true and correct to the best of my knowledge.*
- *The requirements associated with this application have been read and are understood.*
- *The proposal is not in conflict with the Comprehensive Plan to the best of my knowledge.*
- *Either I, a co-applicant or other representative will make every effort to attend the public hearings of the Planning Commission and Town Council when this matter is considered. I understand that the request may be tabled or denied if the applicant or a representative of the applicant does not appear at the Town Council public hearing.*

Signature of Principal Contact (Applicant)

Date

TO BE SUBMITTED WITH THIS APPLICATION

- _____ Name and title of all Co-Applicants (if any) with respective mailing addresses, telephone numbers, fax numbers, and e-mail addresses;
- _____ Detailed description of the proposed language and list of affected sections of the Zoning Ordinance, if known;
- _____ (Recommended) An electronic red line version of proposed text amendment;
- _____ Statement of justification for amending the Zoning Ordinance;
- _____ Completion of VDOT Chapter 527 Review Process Applicability Certification (notarized).

Certification, in a form prescribed by the Zoning Administrator, that public notification regarding a public hearing has been given in accordance with §78-201.9, Public Notification, shall be submitted upon completion of proper notification by the applicant.

For Office Use Only:

Application Received by:	Case No.:
Fee paid:	Date:

